CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
4665

(1) PLACE OF BIRTH
County of Newberry
Township of No 10
or
Inc. Town of
or
City of ... (No. ... St.; ... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3401 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child Almarine Koon
If child is not yet named, make supplemental report as directed

(3) Boy or Girl? Girl (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 29 13
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Cusaine Koon	(14) NAME BEFORE MARRIAGE	Lula Bowers
(9) PRESENT POSTOFFICE OF FATHER	Pomaria S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Pomaria S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	white
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	Newberry County S.C.	(18) BIRTHPLACE	Newberry County S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	House Keeper
(20) Number of children born to this mother, including present birth	4	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born living (Born alive or stillborn) at 12 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. B. Bowers MD
(24) Address of Physician or Midwife

Given name added from a supplemental report

Signature of Witness necessary only when question 22 is signed by mark)

Filed ... Elberta Sease
Local Registrar.

When there was no attending physician or midwife, the father, householder, etc., should make this return. ... before the ... of stillbirths